

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02192

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First James	Middle Edward	Lost Beverly	2a. DATE OF DEATH Month February	2b. HOUR Day 8 Year 1969 2b. HOUR 1:20 AM
3. SEX Male	4. RACE White	5. DATE OF BIRTH 4-25-19		6. AGE (in years lost birthday) 49 YRS.	IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Calvert County	Md.	
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Bartender	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. CITY OR TOWN Calvert	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER -----		
14. FATHER'S NAME First William	Middle Beverly	15. MOTHER'S MAIDEN NAME Elizabeth Bafford			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 214-12-3576	17. INFORMANT Mrs. Thomas Cochran, Owings, Md.	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 571.9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cirrhosis of Liver 2 days.		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>Jan. 1967</u> , to <u>Feb. 8, 1969</u> , that (I) (we) last saw the deceased alive on <u>Feb. 7, 1969</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>Y. Dama</i>	DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 2-8-69	
22d. PHYSICIAN'S NAME (Type) Issam El Dama louji	22e. ADDRESS Prince Frederick, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 11, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Waters Memorial Chr.	23d. LOCATION (City or Town) Cem Mutual	(County) Calvert	(State) Md.
24. FUNERAL DIRECTOR Hutchins Funeral Home Owings, Md.	ADDRESS	25a. REC'D BY REGISTRAR FEB 13 1969	25b. REGISTRAR'S SIGNATURE Charles J. Hutchins		

1000

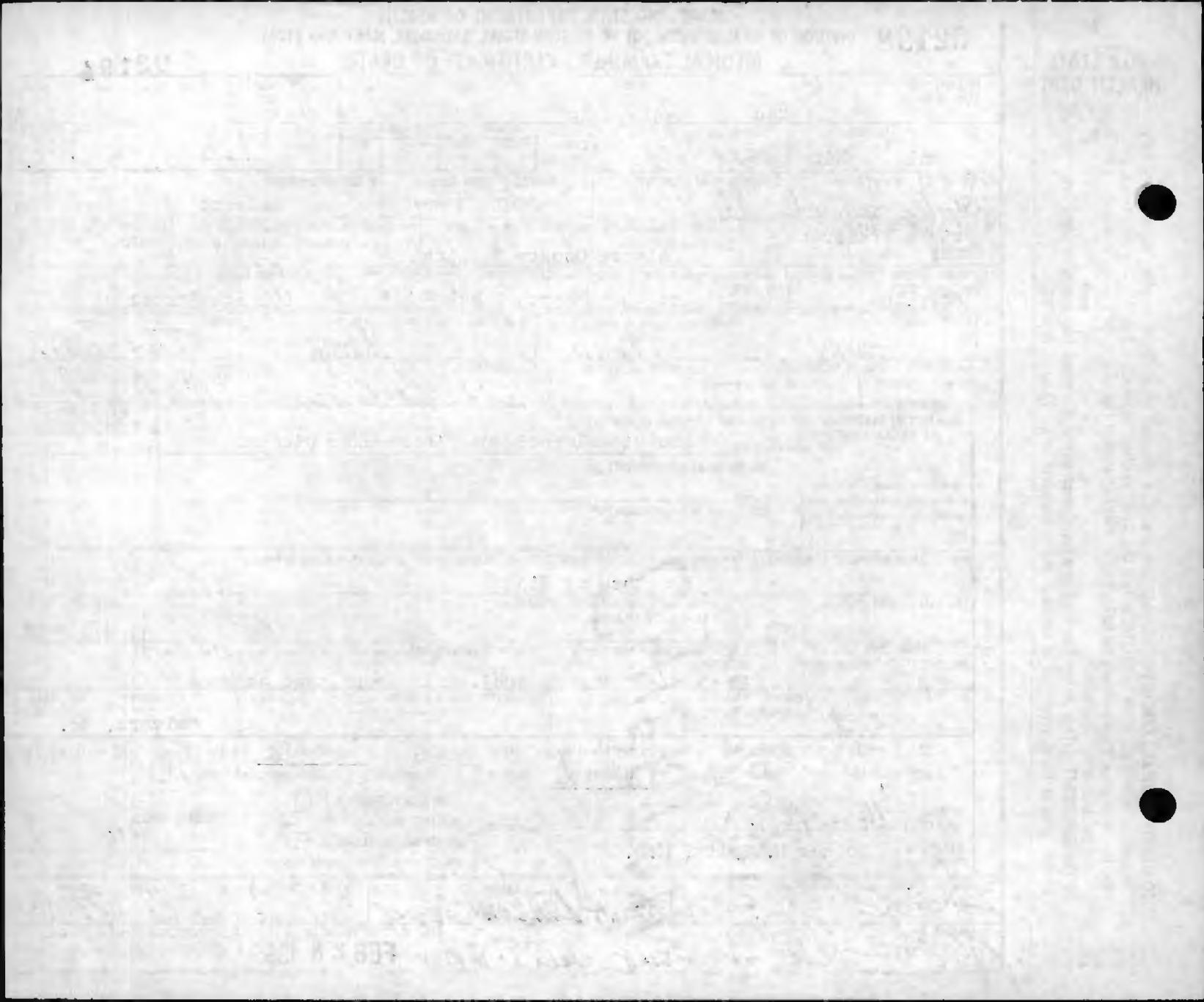
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02197

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

02193

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
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1. DECEASED-NAME (Type or print)				First Arthur	Middle Yates	Last Chapman	2a. DATE OF DEATH	Month 2	Day 2	Year 1969	2b. HOUR 10:30 P.M.				
3. SEX male		4. RACE Negro			5. DATE OF BIRTH 3-4-10			6. AGE (In years last birthday) 58 YRS.			IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Calvert			Md.				
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Janitor			12b. KIND OF BUSINESS OR INDUSTRY Bd. of Ed.							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Charles			13c. CITY OR TOWN Bryantown			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET AND NUMBER				
14. FATHER'S NAME First John		Middle Chapman			15. MOTHER'S MAIDEN NAME First Erma			Middle Yates			Last				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 219-05-1611			17. INFORMANT Mildred Chapman			Address Bryantown, Md.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7824		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> last.			Mildred Chapman			Bryantown, Md.							
(b)		DUE TO, OR AS A CONSEQUENCE OF													
(c)															
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)															
MEDICAL CERTIFICATION		19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>											
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)										
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.		City or Town		County		State				
22a. I certify that (I) (this hospital) attended the deceased from Oct. 23, 1968, to Feb. 2, 1969, that (I) (we) last saw the deceased alive on Feb. 2, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.															
22b. SIGNATURE <i>Issam F. el Damalouji, M.D.</i>		DEGREE ATTENDING PHYS.		MED. DIRECTOR <input checked="" type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 2-3-69							
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Prince Frederick, Maryland													
23a. BURIAL, CREMATION REMOVAL (Specify)		23b. DATE 2-5-1969		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS			23d. LOCATION (City or Town) Bryantown, Chas. C. Md.		(County)		(State)				
24. FUNERAL DIRECTOR								25a. REC'D. BY REGISTRAR FEB 8 1969		25b. REGISTRAR'S SIGNATURE					
Martell Adams Aquasco, Md.												DATE			



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1. DECEASED NAME (Type or print)			First Mary	Middle Alice	Last Douglas	2a. DATE OF DEATH Month 2	Day 27	Year 69	2b. HOUR 555 P.M.
3. SEX female	4. RACE negro	5. DATE OF BIRTH 3-17-16			6. AGE (In years last birthday) 52 yrs.		IF UNDER 1 YEAR MONTHS 5	IF UNDER 24 HRS. DAYS 2	2b. HOUR HOURS 555
7a. BIRTHPLACE (State or foreign country) Mississippi	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED			9. COUNTY OF DEATH Calvert				
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) House Work			12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Calvert	13c. CITY OR TOWN Sunderland	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER Sunderland, Md.					
14. FATHER'S NAME First Robert	Middle Davis	Last	15. MOTHER'S MAIDEN NAME First Villee	Middle	Last Walker				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 578-34-2175	17. INFORMANT Mable Hawkins	Address Sunderland, Md.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									
PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a) Coronary Occlusion									
DUE TO, OR AS A CONSEQUENCE OF									
Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> last. 4109									
(b)									
DUE TO, OR AS A CONSEQUENCE OF									
(c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from Feb. 18, 1969 , to Feb. 27, 1969 , that (I) (we) last saw the deceased alive on Feb. 27, 1969 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <i>Joyce C. Jett</i>		DEGREE MD	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 2-28-69			
22d. PHYSICIAN'S NAME (Type) Page C. Jett, M.D.		22e. ADDRESS Prince Frederick, Maryland							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-2-69	23c. NAME OF CEMETERY OR CREMATORIUM Holmesont Ch. Cem.			23d. LOCATION (City or Town) Huntington Cal.		(County) 119	(State)
24. FUNERAL DIRECTOR <i>Ankney E. Sewell Prince Fred MD</i>		ADDRESS	25a. REC'D BY REGISTRAR MAR 4 1969			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PAM 3, Roge 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours of death.

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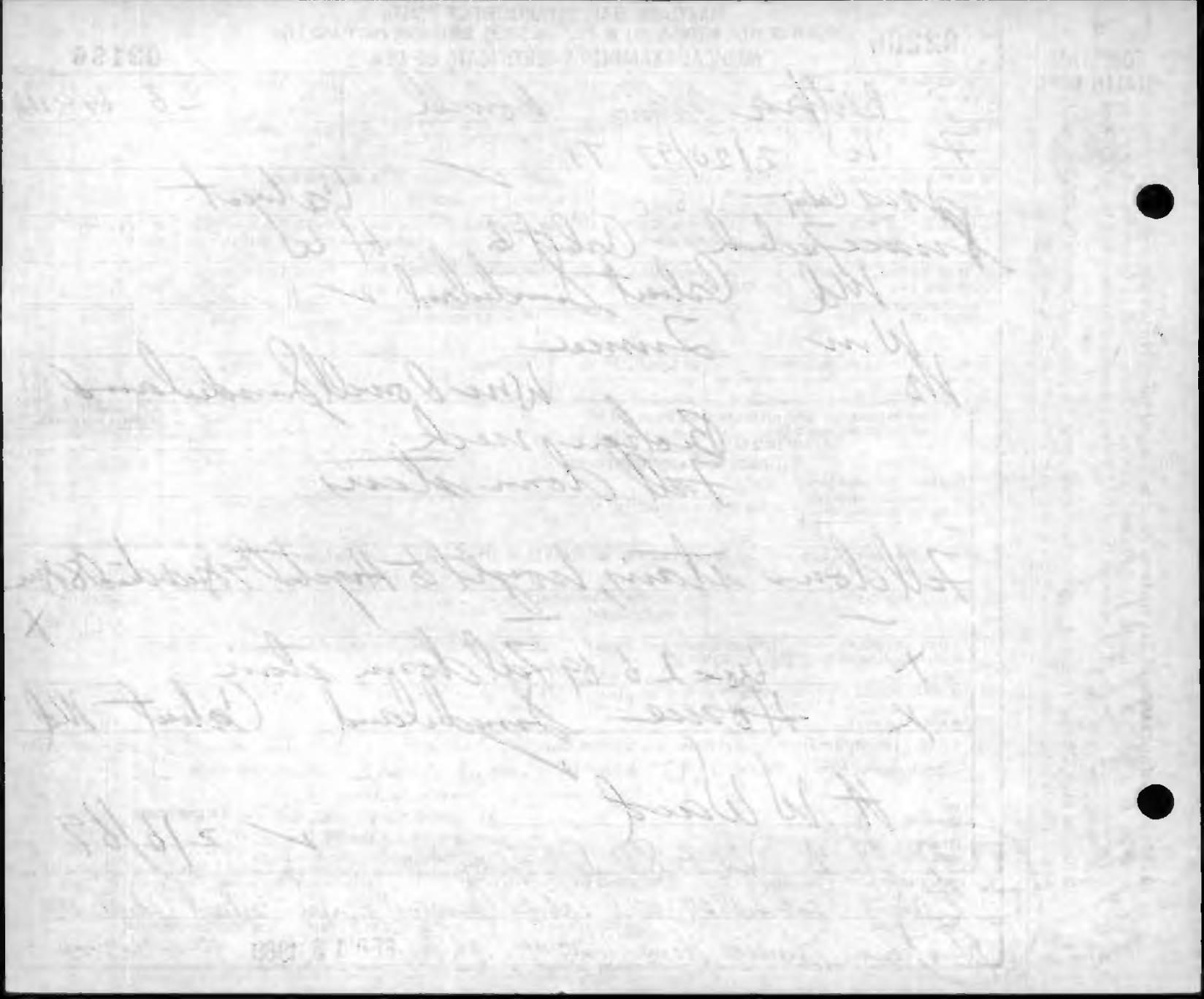
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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02196

1. DECEASED-NAME (Type or Print)	Middle			Lost			2a. DATE KNOWN OF DEATH ESTI- MATED	Month	Day	Year	2b. HOUR
2. SEX	3. RACE	4. DATE OF BIRTH	5. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS		2c. DATE PRONOUNCED DEAD			2d. HOUR
7	W	2/20/97	71 YRS.	MONTHS	DAYS	HOURS	MIN.	Month	Day	Year	M
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	9. COUNTRY OF DEATH								
England	U. S. A.	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Calvert								
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (What hospital or street address)			12a. USUAL OCCUPATION (Kind of work done during time of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY				
Prince Frederick	Calvert B			Calvert			Rural				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	14. FATHER'S NAME	First	Middle	Lost	15. MOTHER'S MAIDEN NAME	First	Middle	Lost		
Md	Calvert	Wm	Prince			Jessie	Wm Lovell Sunderland	Jessie			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, not known)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
(If yes give war or dates of service)											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)											
PART 1. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a)											
880X											
DUE TO, OR AS A CONSEQUENCE OF											
Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause lost.											
(b)											
DUE TO, OR AS A CONSEQUENCE OF											
(c)											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16											
Fall down stairs											
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?							
				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>						
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
21d. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State									
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER <input type="checkbox"/>			M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED				
EXAMINER'S NAME (Type)	H. W. WARD			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			22b. DATE SIGNED				
23a. BURIAL/CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL			23d. LOCATION (City or Town) (County) (State)						
Funeral	Feb 8, 1969	All Saints Episcopal			Sunderland						
24. FUNERAL DIRECTOR	ADDRESS			25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE				
Hutchins Funeral Home	Durings, Md			FEB 13 1969			Charles J. Gray				

93150



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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

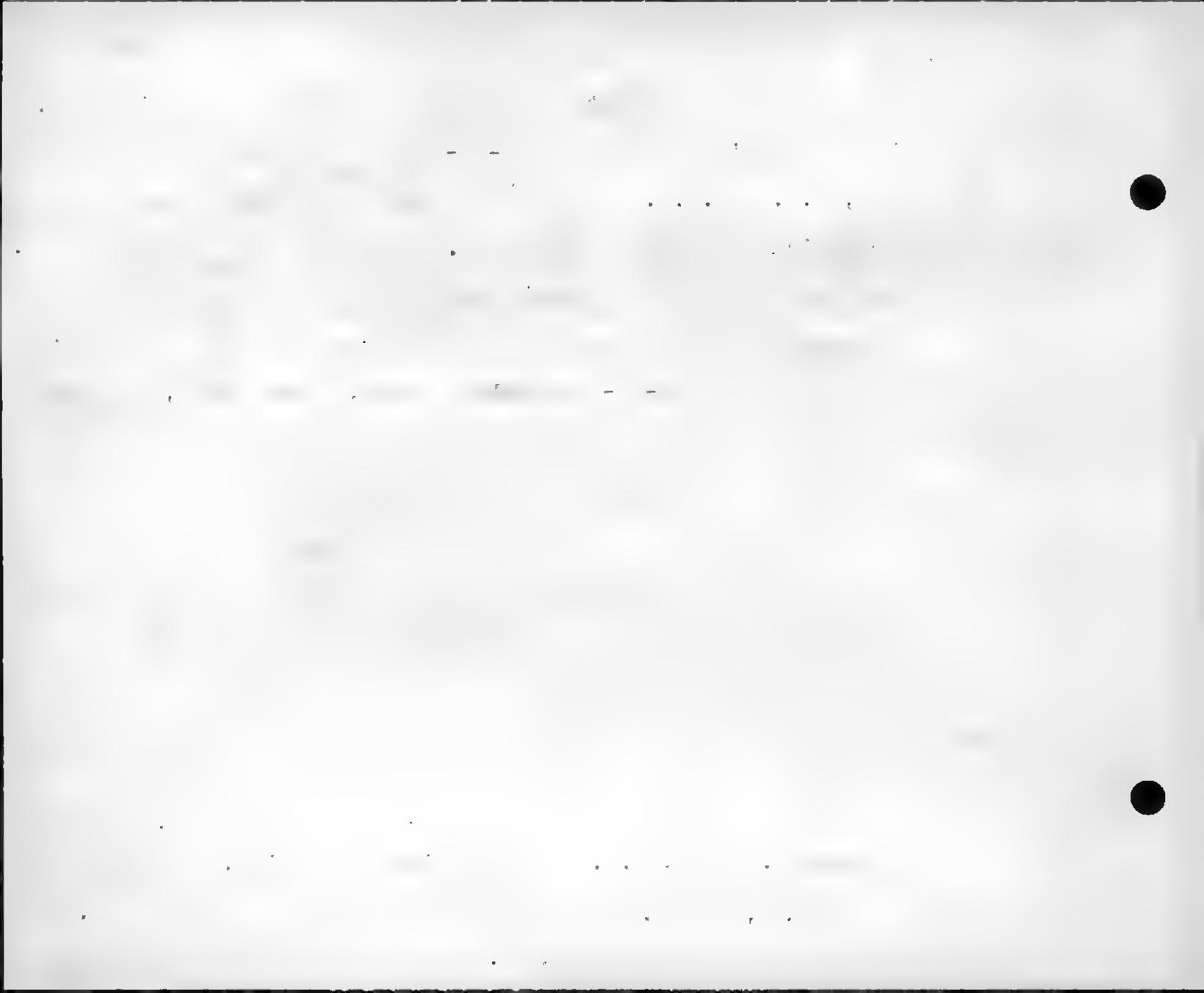
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CERTIFICATE OF DEATH

02197

1. DECEASED-NAME (Type or print)	First Anne	Middle Frances	Last Feaster	2a. DATE OF DEATH Month February	1969	2b. HOUR 3A. M
3. SEX Female	4. RACE White	5. DATE OF BIRTH 2-12-99		6. AGE (In years last birthday) 70	7. IF UNDER 1 YEAR MONTHS YRS.	8. IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Washington, D.C.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Calvert County	Md.		
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) operator	12b. KIND OF BUSINESS OR INDSTRY Telephone Co.			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Calvert	13c. CITY OR TOWN North Beach	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER - - -		
14. FATHER'S NAME First John	Middle Kelly	15. MOTHER'S MAIDEN NAME First Mary	Middle Smith			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO (If yes give war or dates of service) 579-22-8106	17. INFORMANT Lola Lauder, North Beach, Maryland	Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Circulatory collapse</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> last. (b) <i>Congestive heart failure</i> DUE TO, OR AS A CONSEQUENCE OF (c)						
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)						
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20c. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
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22a. I certify that (I) (this hospital) attended the deceased from <u>January</u> , 19 <u>54</u> , to <u>Feb 14</u> , 19 <u>69</u> , that (I) (we) last saw the deceased alive on <u>Feb 14</u> , 19 <u>69</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE <i>Osman Z. Ersoy, M.D.</i>	22c. DATE SIGNED Feb. 15, 1969	ATTENDING PHYS <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>		
22d. PHYSICIAN'S NAME (Type) Osman Z. Ersoy, M.D.	22e. ADDRESS Prince Frederick, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 17, 1969	23c. NAME OF CEMETERY OR CREMATORIUM So. Memorial Gardens	23d. LOCATION (City or Town) Dunkirk	County Calvert	(State) Md.	
24. FUNERAL DIRECTOR <i>Heitshen Funeral Home</i>	ADDRESS Owings, Md.	25a. REC'D BY REGISTRAR DATE FEB 19 1969	25b. REGISTRAR'S SIGNATURE			
VR A 10 (4) 30M REV 10/68						



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

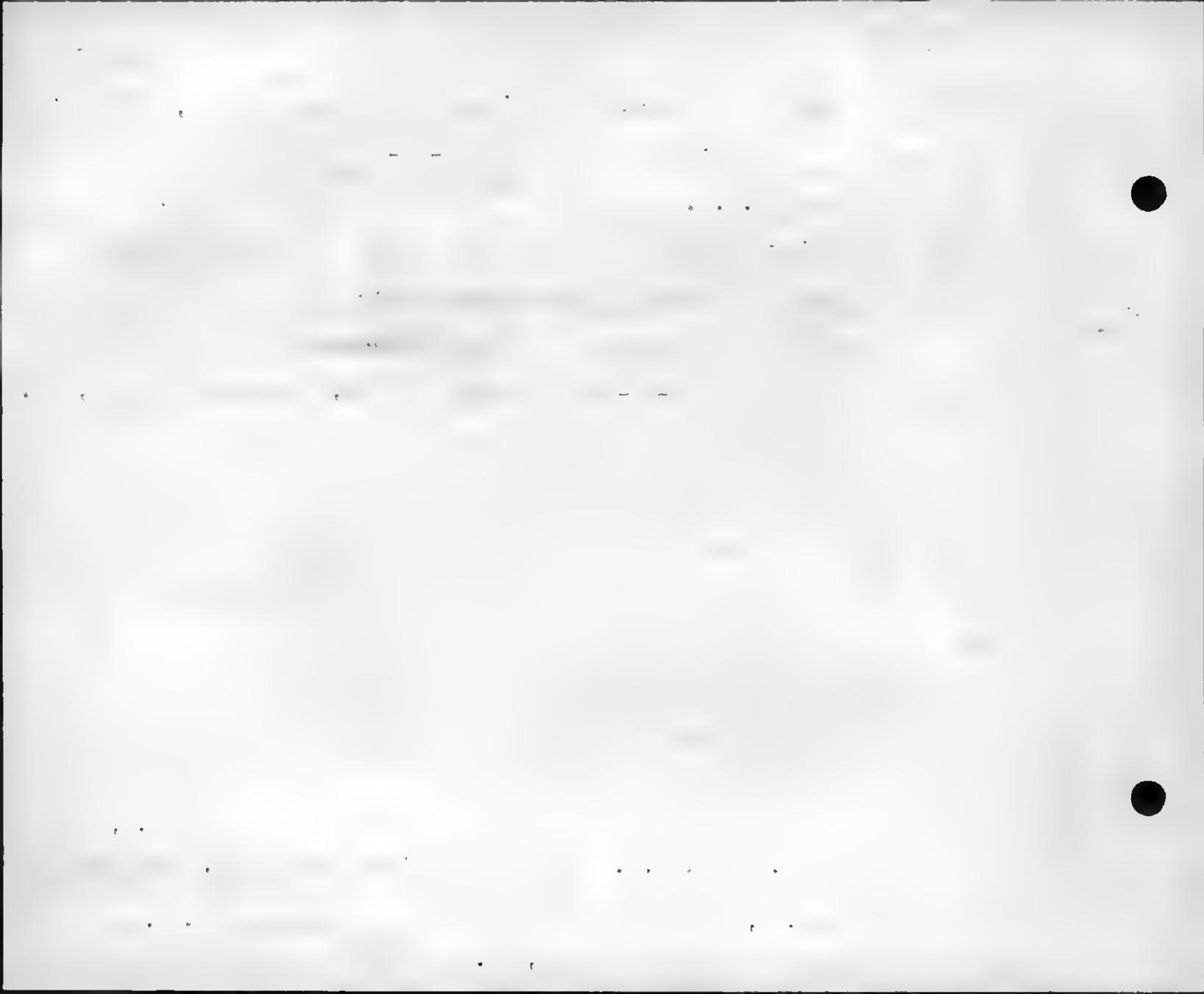
02198

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02202

1. DECEASED-NAME (Type or print)		First Harold	Middle Francis	Last Finlon	2a. DATE OF DEATH Month February	Year 1969	2b. HOUR 12 PM
3. SEX Male		4. RACE White		5. DATE OF BIRTH 10-11-05		6. AGE (In years last birthday) 63	
7a. BIRTHPLACE (State or foreign country) Pennsylvania		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Calvert County	
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital one street address) Calvert County Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Landscaping Park Manager		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Calvert		13c. CITY OR TOWN Chesapeake Beach		13d. INSIDE CITY LIMITS Yes	
14. FATHER'S NAME Frank		15. MOTHER'S MAIDEN NAME Finlon		16. MOTHER'S MAIDEN NAME Teresa Buckley		17. STREET AND NUMBER Teresa Buckley, Chesapeake Beach, Md.	
18a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		18b. SOCIAL SECURITY NO. (If yes give war or dates of service) 577-16-1871		18c. INFORMANT Mildred Finlon, Chesapeake Beach, Md.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4519 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)		Approximate Interval Between Onset and Death 3 years 5 years			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from Dec., 1969, to Feb. 2, 1969, that (I) (we) last saw the deceased alive on Feb. 1, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Page C. Jett		22c. DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>	DATE SIGNED Feb. 2, 1969
22d. PHYSICIAN'S NAME (Type) Page C. Jett, M.D.		22e. ADDRESS Prince Frederick, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 5, 1969		23c. NAME OF CEMETERY OR CREMATORIUM Cedar Hill Cemetery		23d. LOCATION (City or Town) Washington D. C.	
24. FUNERAL DIRECTOR Hutchins Funeral Home		ADDRESS Owings, Md.		25a. REC'D BY REGISTRAR Theodore Jett		25b. REGISTRAR'S SIGNATURE Theodore Jett	
VR A15 30M REV. 1/68				DATE FEB 6 1969			



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

5 may be retained for your files.

**MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

02199

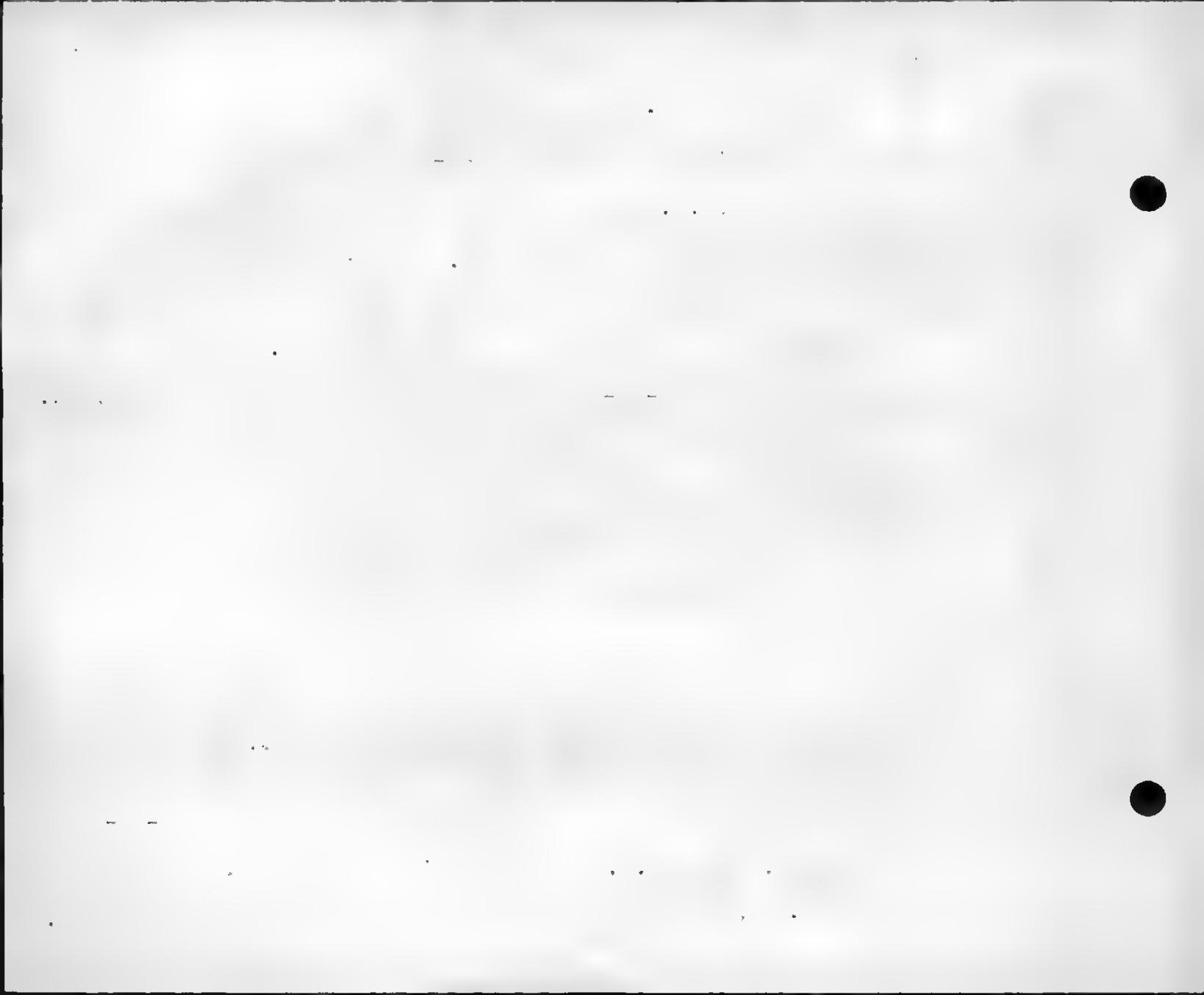


HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

10. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon paper. Page 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

1. DECEASED-NAME (Type or print)			First Mattie	Middle E.	Last Hatfield	2a. DATE OF DEATH		2b. HOUR	
						Month 2	Day 26	Year 69	
3 SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		7. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
female		white		8-8-80		88 yrs.			
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH			
Maryland		U.S.A.				Calvert			
10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
Prince Frederick		Calvert County Hosp.				housewife		Domestic	
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER	
Maryland		Calvert		Huntingtown		-----			
14. FATHER'S NAME		First McHenry	Middle Bowen	Last	15. MOTHER'S MAIDEN NAME		First Mollie H. Bowen	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT		Address			
no		217-36-7193		Morrison Hatfield Huntingtown, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cardiac</i> <i>Arterioscler</i> <i>Arteriolosclerosis</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days									
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last 3 years									
DUE TO, OR AS A CONSEQUENCE OF (b) <i>Arteriolosclerosis</i> 3 years									
DUE TO, OR AS A CONSEQUENCE OF (c) <i>Pulmonary Edema</i> 3 days									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Carcerone of Descendens</i> - 2 years									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
8/12/67					YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. <input type="checkbox"/> P.M. Month Day Year 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> or work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>June 3, 1967</u> , to <u>Feb. 26 1969</u> , that (I) (we) last saw the deceased alive on <u>February 26 1969</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <i>Jett</i>		DEGREE	ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 2-26-69			
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Prince Frederick, Maryland							
Page C. Jett, M.D.									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 28, 1969		23c. NAME OF CEMETERY OR CREMATORIAL Miranda Memorial Cemetery		23d. LOCATION (City or Town) Huntingtown Calvert Md.		(County) (State)	
24. FUNERAL DIRECTOR <i>Fuller-Jett Funeral Home & Crematory</i>		ADDRESS <i>101 Main Street</i>		25a. REC'D BY REGISTRAR FEB 28 1969		25b. REGISTRAR'S SIGNATURE <i>Chloride Jett</i>			



FOR STATE,
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02201

1. DECEASED-NAME (Type or Print)	First	Middle	Last	2a. DATE KNOWN OF DEATH ESTI- MATED	Month	Day	Year	2b. HOUR 1020A
Richard Russell Howe			Howe	2	11	69		
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS	HOURS	MIN.	2d. HOUR 1020A
M	C	Feb 27, 1902	66 yrs					
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	9. COUNTY OF DEATH Calvert	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR 1020A	
Md		NEVER MARRIED DIVORCED		2	11	69		
10. CITY OR TOWN OF DEATH Huntington	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) et cetera	12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. DEATH IN TOWN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER				
Huntington	Calvert	Huntington						
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MARRIED NAME First	Middle	Last			
Richard		Howe	Sarah Russell					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO (If yes give war or dates of service)	17. INFORMANT ADDRESS	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
NO	219-16-2452	Richard Russell Huntington Md						
21a. DATE OF OPERATION Had a pain	19d. CONDITION FOR WHICH OPERAT ON WAS PERFORMED had a pain	20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Had not walked out for several days had a pain in his stomach and died suddenly	20d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21b. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21c. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 19)					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21g. LOCATION Street or R.F.D. No	City or Town	County	State			
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>	22b. DATE SIGNED 2/11/69							
ACTUAL SIGNATURE Richard Russell	EXAMINER'S NAME (Type)	CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ADDRESS (Street, city, town, or county)						
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-15-69	23c. NAME OF CEMETERY OR CREMATORI youngsCh. Cem	23d. LOCATION (City or Town) (County) (State) Huntington Cal. Md					
24. FUNERAL DIRECTOR Finney E. Scull Prince Fred. Md	ADDRESS	25a. REC'D BY REGISTRAR FEB 17 1969	25b. REGISTRAR'S SIGNATURE Richard E. Scull					
VR A15ME (5) 10M REV 1/68								



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02202

Item FilmG409 2/21/69 lk

CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician
 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Joshua	Middle Clyde	Last Humphreys	2a DATE OF DEATH Month 2 Day 14 Year 69	2b. HOUR 12:55 PM
3. SEX Male	4 RACE White	5. DATE OF BIRTH 11-12-94			6. AGE (In years last birthday) 77 yrs.
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Calvert		
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired	
13a. USUAL RESIDENCE (Where deceased lived, if institutional Residence before admission) STATE Md.	13b. COUNTY Calvert	13c. CITY OR TOWN Lusby	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER —	
14. FATHER'S NAME First Joshua	Middle —	Last Humphreys	15. MOTHER'S MAIDEN NAME First Annie	Middle —	Last Denton
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No.	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 216 05 8397	17. INFORMANT Earl Clyde Humphreys	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> <i>Pneumonia</i> (b) <i>Generalized septicemia</i> DUE TO, OR AS A CONSEQUENCE OF (c)					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No 275	City or Town St. Leonard	County Calvert
22a. I certify that (I) (this hospital) attended the deceased from <u>2/14/69</u> , to <u>2/15/69</u> , that (I) (we) last saw the deceased alive on <u>2/14/69</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE <i>John J. McNamee</i>					
22c. DATE SIGNED 2/15/69					
22d. PHYSICIAN'S NAME (Type) Roberto de Villarreal, M. D.		22e. ADDRESS St. Leonard, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 16, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Establishment	23d. LOCATION (City or Town) (County) (State) Lusby Calvert Md.		
24. FUNERAL DIRECTOR A. G. Sheppard Son, Port Republic, Md.	ADDRESS Port Republic, Md.		25a. REC'D. BY REGISTRAR FEB 17 1969	25b. REGISTRAR'S SIGNATURE John J. McNamee	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

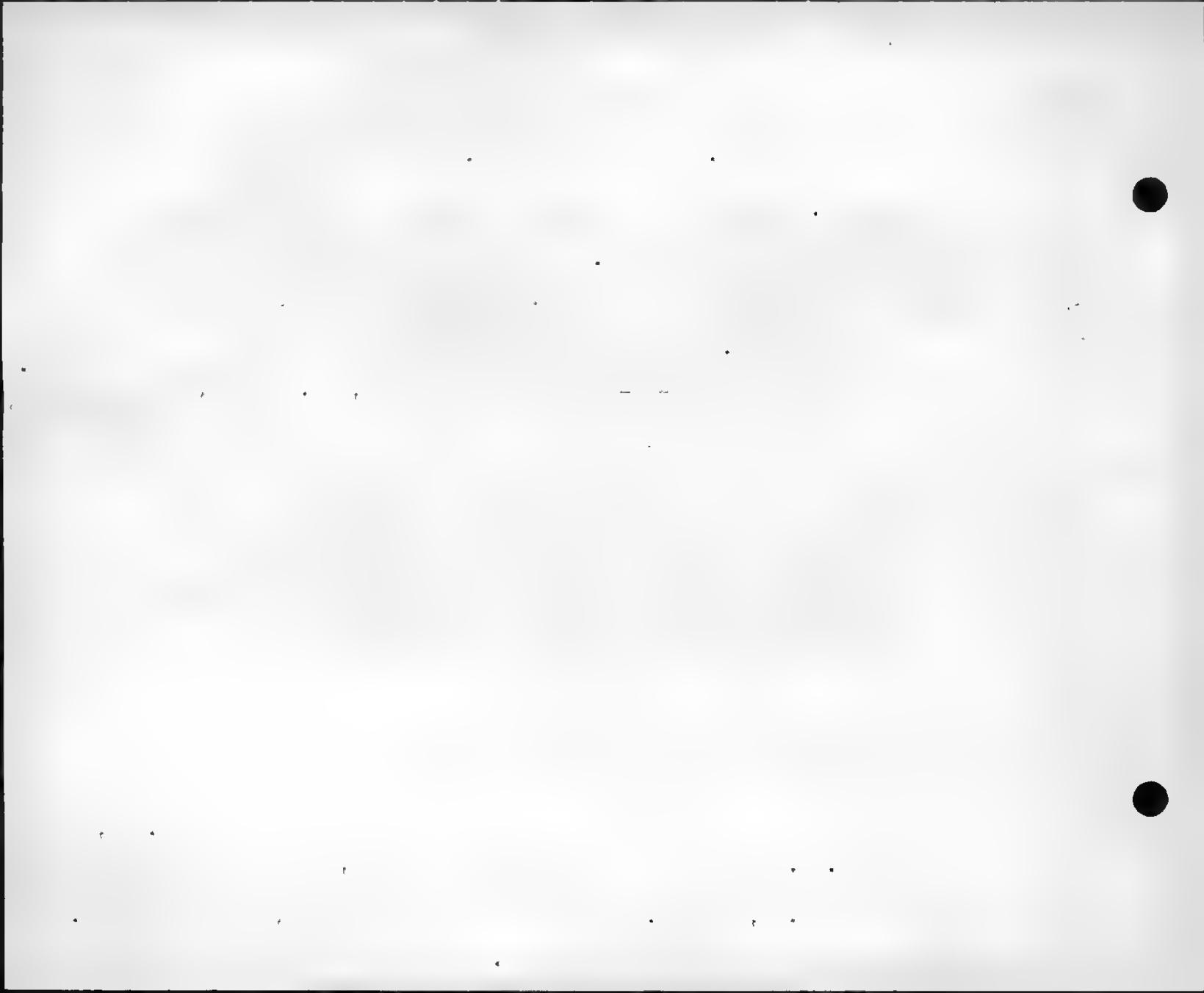
02207

02203

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician it is completely filled in by the attending physician or funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First	Middle	Lost	20. DATE OF DEATH Month	21. HOUR	
AUBREY		WILLIAM		Johnson 21	February	10 1969 11: P M	
3. SEX		4. RACE	S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
Male		Cauc.	Sept. 25, 1909		59 YRS.		
7a BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		
Rappahanick, Va.		USA			Calvert		
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		
Prince Frederick		Calvert Co. Hospital			Carpenter		
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE		13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
Maryland		Calvert	Ches. Beach	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	-----		
14. FATHER'S NAME		First	Middle	Lost	15. MOTHER'S MAIDEN NAME	First	
Charles		E.	Johnson		Carrie Virginia Johnson		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT		Address	
No		578-10-6435		Aubrey Johnson, Jr. Box 122, Chesapeake Beach,		Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute heart failure</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) _____ DUE TO, OR AS A CONSEQUENCE OF last (c) _____							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(e)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
19c. MEDICAL CERTIFICATION					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>4/1/69</u> , 19 <u>69</u> , to <u>2</u> , 19 <u>69</u> , that (I) (we) lost saw the deceased alive on <u>4/1/69</u> , 19 <u>69</u> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE		22c. DEGREE		ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR	STAFF PHYS	22d. DATE SIGNED
G. J. Weems		22e. ADDRESS		Huntingtown, Maryland 20639			Feb. 11, 1969
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL		23d. LOCATION (City or Town)	(County)	(State)
Burial		Feb. 13, 1969	So. Memorial Gardens		Dunkirk, Calvert	Md.	
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE		
Hutchins Funeral Home		Owings, Md.		FEB 14 1969			



MARYLAND STATE DEPARTMENT OF HEALTH

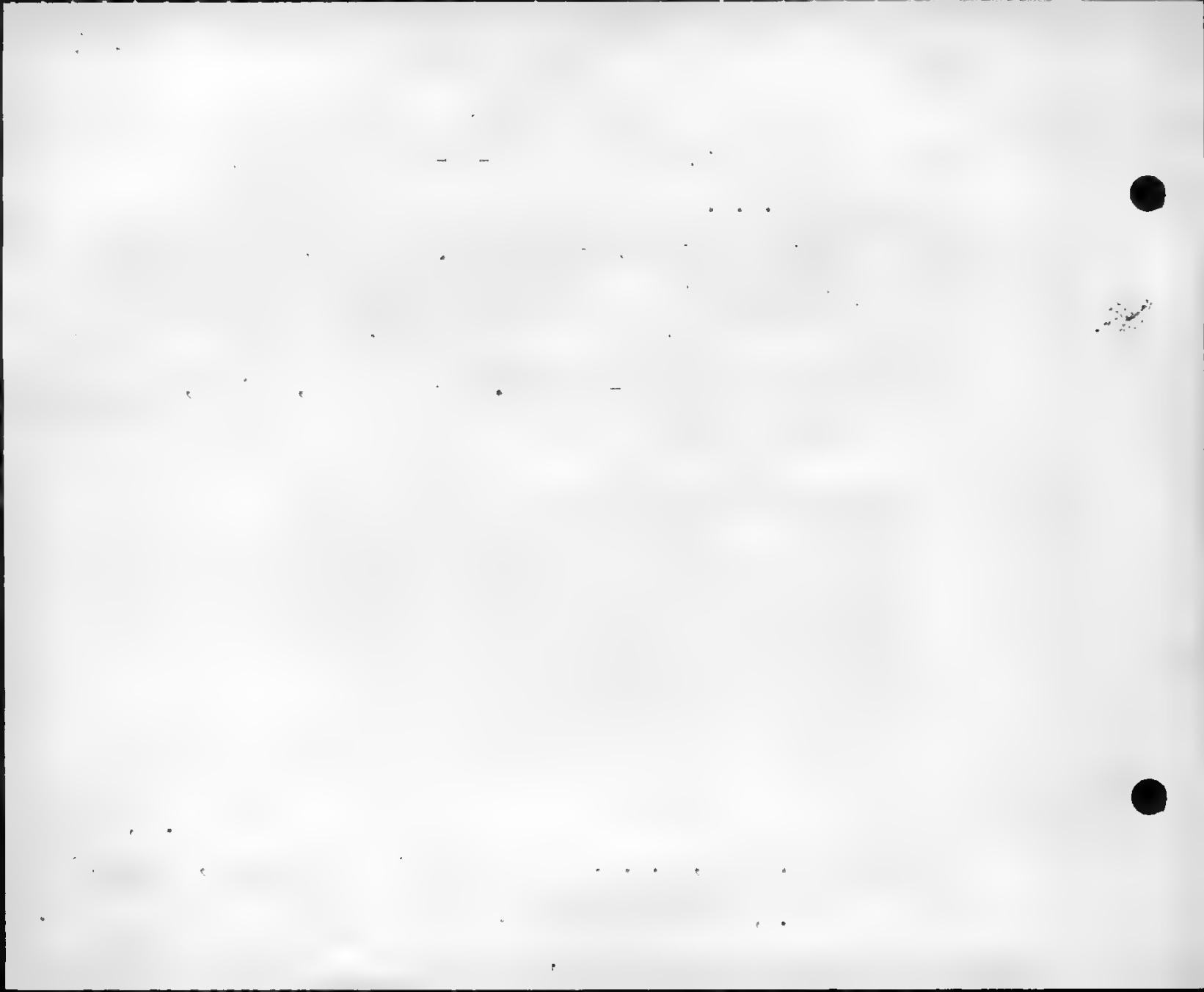
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02204

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
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 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	First Annette	Middle Hewitt	Last Jones	2a DATE OF DEATH Month February	2b HOUR Day 1969 7:25 M
3. SEX Female	4. RACE White	5 DATE OF BIRTH 10-12-87	6. AGE (In years last birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 MRS. HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Calvert County	Md.	
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife	12b. KIND OF BUSINESS OR INDUSTRY Domestic		
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE Maryland	13b. COUNTY Calvert	13c. CITY OR TOWN Dunkirk	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Rural	
14. FATHER'S NAME Charles	15. MOTHER'S MAIDEN NAME Spiknall	16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO 220-32-6981	17. INFORMANT Mrs. Dorothy Ward, Owings, Maryland	Address Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Edelmonoy Edna</u> <u>4337</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Myocardial Failure</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>left Hemisysia (Thrombosis)</u> 24 days					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>48 hours</u> <u>24 days</u>					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HDW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>1/8</u> , 19 <u>69</u> , to <u>2/6</u> , 19 <u>69</u> , that (I) (we) last saw the deceased alive on <u>1/31</u> , 19 <u>69</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>Page C. Jett</u>	DEGREE ATTENDING PHYS.	MED DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS <input type="checkbox"/>	22c. DATE SIGNED Feb. 1, 1969	
22d. PHYSICIAN'S NAME (Type) Page C. Jett, M.D.,	22e. ADDRESS Prince Frederick, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 3, 1969	23c. NAME OF CEMETERY OR CREMATORIUM Smithville Chr. Cemetery	23d. LOCATION (City or Town) Dunkirk	(County) Calvert	(State) Md.
24. FUNERAL DIRECTOR Hutchins Funeral Home	ADDRESS Owings, Maryland	25a. REC'D. BY REGISTRAR FEB 6 1969	25b. REGISTRAR'S SIGNATURE <u>Charles Jett</u>		
VR A15 30M REV 1-68					



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02209
Item 6 Film 410 3/10/69 kk

CERTIFICATE OF DEATH

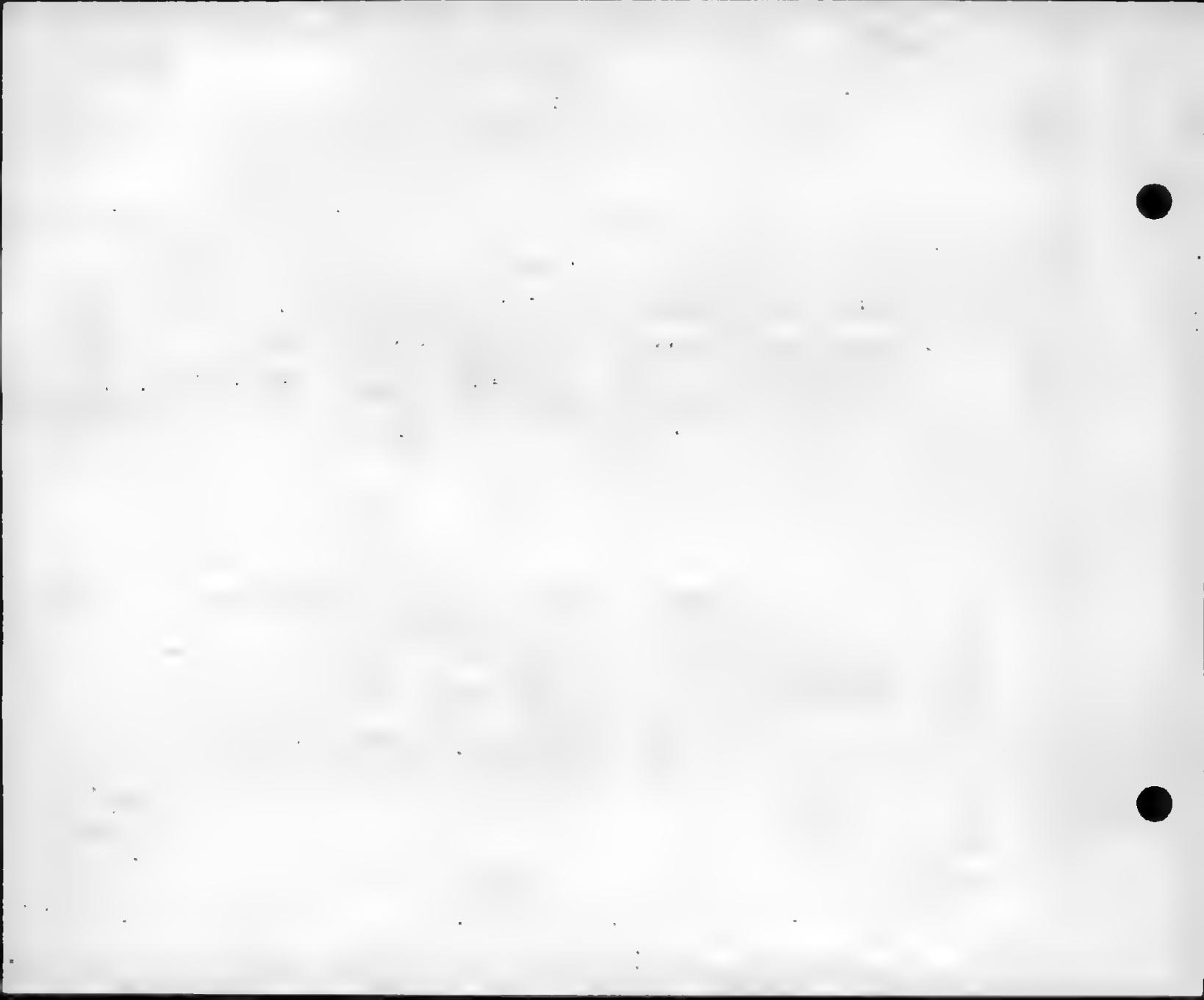
02205

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 4 may be retained by the funeral director, page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First <i>Lena</i>	Middle <i>VICTORIA</i>	Last <i>Jones</i>	2a. DATE OF DEATH 2 Month 24 Day 69 Year <i>11-21-85</i>	2b. HOUR 6 P M
3. SEX <i>F</i>	4. RACE <i>N</i>	S. DATE OF BIRTH <i>11-21-85</i>	6. AGE (in years last birthday) <i>83 8/4</i> YRS.	IF UNDER 1 YEAR MONTHS <i>83</i>	IF UNDER 24 HRS DAYS <i>84</i>
7a. BIRTHPLACE (State or foreign country) <i>M.D.</i>	7b. CITIZEN OF WHAT COUNTRY? <i>M.D.</i>	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <i>CALVERT COUNTY</i>	Md	
10. CITY OR TOWN OF DEATH <i>PRINCE FREDERICK</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>CALVERT HOUSE, INC.</i>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <i>Housewife</i>	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>M.D.</i>	13b. COUNTY <i>CALVERT</i>	13c. CITY OR TOWN <i>HUNTING TOWN</i>	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER	
14. FATHER'S NAME First <i>XXXXXX</i>	Middle <i>Jack</i>	Last <i>Morsell</i>	15. MOTHER'S M AIDEN NAME First <i>XXXXXX</i>	Middle <i>Alice</i>	Last <i>Parran</i>
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>	16b. SOCIAL SECURITY NO <i>7824</i>	17. INFORMANT <i>Alice Parran</i>	Address <i>Prince Fred. Md</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Failure</i>					
7824 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State		
22a. I certify that (I) (this hospital) attended the deceased from <i>2/28/69</i> to <i>2/28/69</i> , that (I) (we) last saw the deceased alive on <i>2/28/69</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>J. Deen</i>		DEGREE ATTENDING PHYS <input type="checkbox"/>	MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <i>2/28/69</i>	
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <i>Edmondson, MD</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>3-1-69</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>St. Edmonds Ch. Cem</i>	23d. LOCATION (City or Town) <i>Sunderland</i>	(County) <i>Cal. Md</i>
24. FUNERAL DIRECTOR		ADDRESS <i>Lentzney E. Jewell Prince Fred. Md.</i>	25a. REC'D BY REGISTRAR DATE <i>FEB 28 1969</i>	25b. REGISTRAR'S SIGNATURE <i>W. L. Deen</i>	



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 1b. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Farm PMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print)	First <i>Melvin Sterling Jones</i>	Middle <i></i>	Last <i></i>	2a. DATE KNOWN OF DEATH MATED	Month <i>22</i>	Day <i>69</i>	Year <i>1969</i>	2b. HOUR <i>M</i>							
3. SEX <i>M</i>	4. RACE <i>W</i>	5. DATE OF BIRTH <i>11/9/97</i>	6. AGE (In years at death) <i>72</i>	7. IF UNDER 1 YEAR MONTHS <i>0</i>	8. IF UNDER 24 HRS DAYS <i>0</i>	9. HOURS <i>0</i>	10. MIN <i>0</i>	2c. DATE PRONOUNCED DEAD Month <i>2</i>	Day <i>3</i>	Year <i>1969</i>	2d. HOUR <i>AM</i>				
7a. BIRTHPLACE (State or foreign country) <i>Ind</i>	7b. CITIZEN OF WHAT COUNTRY? <i>A.S.A.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <i></i>	9. COUNTY OF DEATH <i>Calvert</i>	Md.											
10. CITY OR TOWN OF DEATH <i>Calvert Solomons</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i></i>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Retired</i>	12b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>												
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE <i>Ind</i>	13b. COUNTY <i>Calvert</i>	13c. CITY OR TOWN <i>Calvert Solomons</i>	13d. INSIDE CITY LIMITS? <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER <i></i>											
14. FATHER'S NAME First <i>Ed</i>	Middle <i></i>	Last <i>Jones</i>	15. MOTHER'S MIDDLE NAME First <i>father</i>	Middle <i>W</i>	Last <i>Malone</i>										
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, no, or unknown) <i>Yes</i>	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) <i>57726382</i>	17. INFORMANT <i>Spouse</i>	ADDRESS												
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>7/4</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i></i>											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i></i>				
DUE TO, OR AS A CONSEQUENCE OF (b) <i>Eye</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i></i>															
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) <i>Found dead in home alone</i>															
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>										
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. <i>19</i>			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b) <i></i>										
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <i></i>			21f. LOCATION Street or R.F.D. No <i></i>			City or Town <i></i>			County <i></i>			State <i></i>	
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>															
ACTUAL SIGNATURE <i>H. W. Ward</i>		EXAMINER'S NAME (Type) <i>H. W. Ward</i>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED <i>2/3/69</i>			
23a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Feb 6, 1969</i>		23c. NAME OF CEMETERY OR CREMATORIUM <i>Solomons National Cemetery Solomons Clark, Md.</i>		23d. LOCATION (City or Town) <i></i>		(County) <i></i>		(State) <i></i>					
24. FUNERAL DIRECTOR <i>J. A. Starkweather & Son, Port Republic, Md.</i>		ADDRESS <i></i>		25a. REC'D BY REGISTRAR <i></i>		25b. REGISTRAR'S SIGNATURE <i>Elaine Dugay</i>		DATE <i>FEB 8 1969</i>							



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

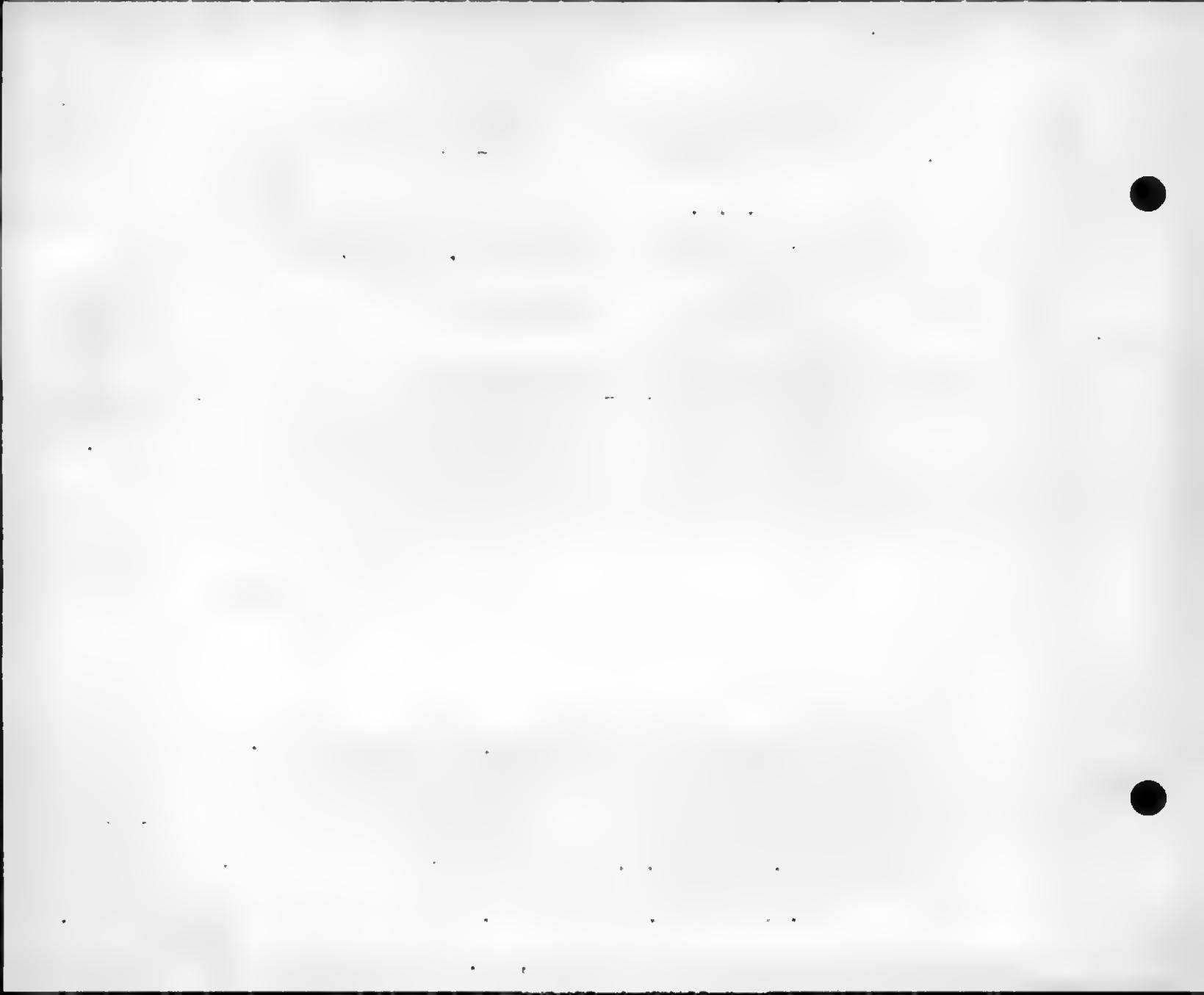
CERTIFICATE OF DEATH

02207

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Arthur	Middle Russell	Last King	2a. DATE OF DEATH Month 2 Day 27 Year 69	2b. HOUR 7:10 PM
3. SEX male	4. RACE white	5. DATE OF BIRTH 8-30-98		6. AGE (In years last birthday) 70 YRS.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Calvert	
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.			12a. USUA. OCCUPATION (Kind of work done during most of working life, even if retired.) merchant	
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE Maryland	13b. COUNTY Calvert	13c. CITY OR TOWN Owings	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER -----	
14. FATHER'S NAME Cephus	First Middle King	15. MOTHER'S MAIDEN NAME Ellen	16. ADDRESS Owings, Maryland		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown ---	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 217-03-5466	17. INFORMANT Sadie King	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Oct. 1968		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carcinoma of head of pancreas DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from Oct. 26, 1964, to Feb. 27, 1969, that (I) (we) last saw the deceased alive on Feb. 27, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE Page C. Jett		DEGREE ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED 2-28-69
22d. PHYSICIAN'S NAME (Type) Page C. Jett, M.D.		22e. ADDRESS Prince Frederick, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 2, 1969	23c. NAME OF CEMETERY OR CREMATORIUM Mt. Harmony Chr. Cemetery		23d. LOCATION (City or Town) Owings	(County) Calvert (State) Md.
24. FUNERAL DIRECTOR Signature Funeral Home	ADDRESS Owings, Md.		25a. REC'D BY REGISTRAR DATE MAR 4 1969	25b. REGISTRAR'S SIGNATURE Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

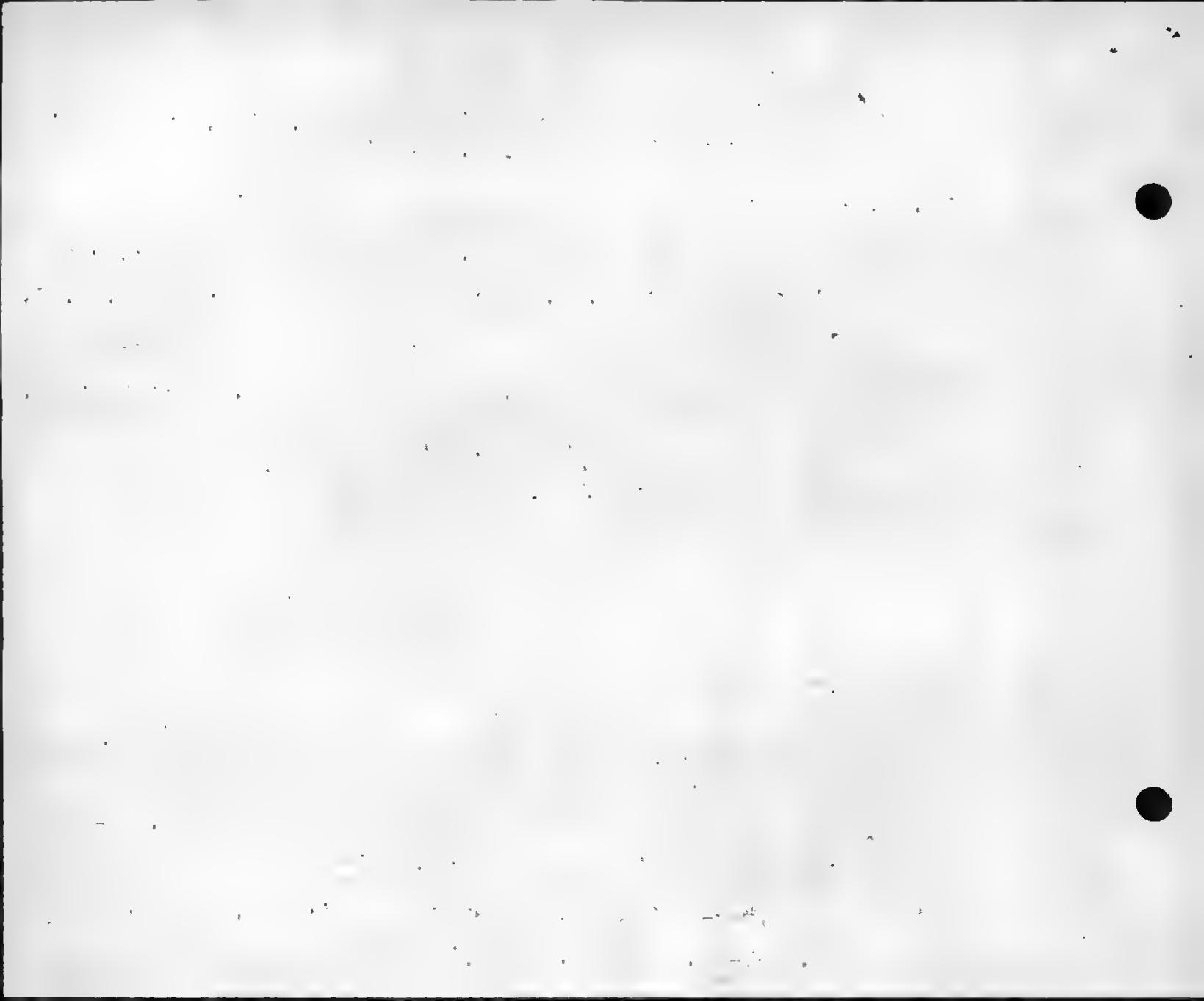
CERTIFICATE OF DEATH

02208

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First	Middle	Lost	2d. DATE OF DEATH Month		2b. HOUR 8.15A	
<i>Charles Harry</i>		<i>KRAMER</i>		<i>Feb. 28th</i>	<i>1969</i>	<i>IF UNDER 1 YEAR</i>	<i>IF UNDER 24 HRS.</i>	
3. SEX <input checked="" type="checkbox"/> Male		4. RACE <input type="checkbox"/> White		5. DATE OF BIRTH Oct. 29-1888		6. AGE (In years last birthday) <i>80</i>		
7a. BIRTHPLACE (State or foreign country) <i>Balt. Maryland</i>		7b. CITIZEN OF WHAT COUNTRY? <i>USA</i>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <i>Calvert County</i>		
10. CITY OR TOWN OF DEATH <i>Calvert County</i>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>Calvert House Corp.</i>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <i>Retired</i>		12b. KIND OF BUSINESS OR INDUSTRY <i>Painter</i>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Maryland</i>		13b. COUNTY <i>Calvert Co.</i>		13c. CITY OR TOWN <i>N. Beach</i>		13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. FATHER'S NAME First <i>Charles</i>		Middle	Last <i>Henry Kramer</i>	15. MOTHER'S MAIDEN NAME First <i>Julia</i>		16. ADDRESS <i>M. Ruth Jenkins (Dau.) Same as # 13.</i>		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes, <input type="checkbox"/> no, <input type="checkbox"/> or unknown		16b. SOCIAL SECURITY NO.		17. INFORMANT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
<i>No</i>				<i>M. Ruth Jenkins (Dau.) Same as # 13.</i>				
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY.</p> <p>IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i></p> <p>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <i>Arteriosclerosis, & valvular</i></p> <p>DUE TO, OR AS A CONSEQUENCE OF (c)</p> <p>DUE TO, OR AS A CONSEQUENCE OF</p>								
<p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p>								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
<input type="checkbox"/> 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	
							State	
<p>22a. I certify that (I) (this hospital) attended the deceased <i>on 2/26/69</i>, to <i>2/28/69</i>, that (I) (we) last saw the deceased alive on <i>2/28/69</i>, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.</p>								
22b. SIGNATURE <i>Osman Ersy</i>		22c. DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS <i>Prince Frederick, Maryland</i>		22e. DATE SIGNED <i>Feb. 28-1969</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>March, 3-69</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>Cedar Hill Cemetery</i>		23d. LOCATION (City or Town) (County) (State) <i>Suitland, Maryland</i>		
24. FUNERAL DIRECTOR <i>Simmons Bros.</i>		ADDRESS <i>1661-Gd. Hope Rd. SE DC.</i>		25a. RECD BY REGISTRAR DATE <i>Mar 4 1969</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, file in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

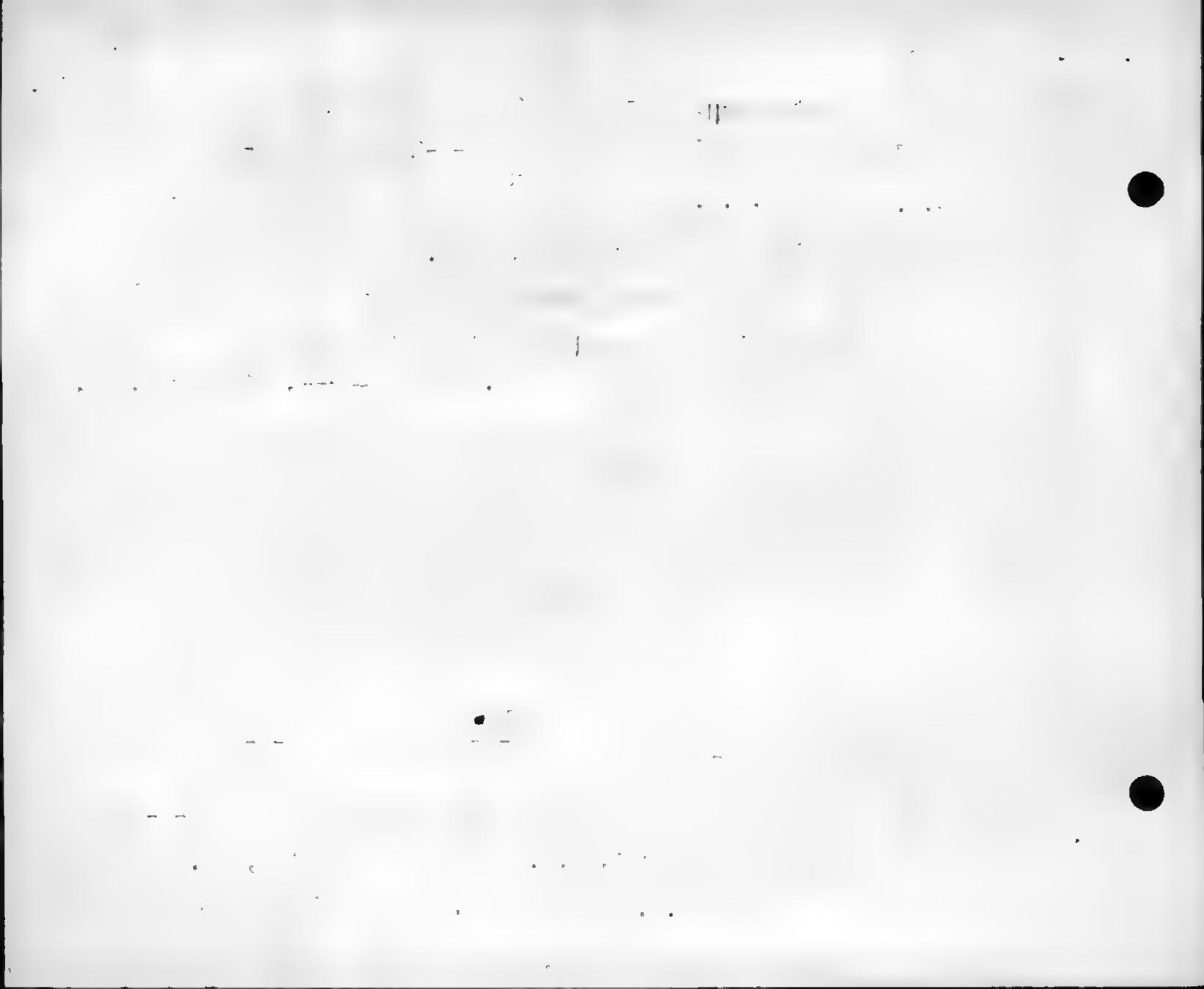
02213

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02209

1 DECEASED NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH Month Day Year	MD MORN'T
Lauterback, Paul Harry				February 8 1969	12 M
3. SEX	4 RACE	S DATE OF BIRTH	6. AGE (In years last birthday) 59 yrs.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
Male	White	3-9-1911	59 yrs.		
7a. BIRTHPLACE (State or foreign country) D.C.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Calvert County		
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) REAL STATE BROKER	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Anne Arundel	13c. CITY OR TOWN Rosehaven	13d. INSIDE CITY LIMIT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Lake Shore Drive	
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	Middle
George Edwin Lauterback				Alice Belle Lucas	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	16b. SOCIAL SECURITY NO. Air Force	17. INFORMANT Mrs. Margie Lucas, Rosehaven, Md.	LAUTERBACH Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4109 DUE TO, OR AS A CONSEQUENCE OF (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) The underlying cause. DUE TO, OR AS A CONSEQUENCE OF (d) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from 1965 to 1969, that (I) (we) last saw the deceased alive on 2-8-69, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE Issam El Damalouji, M.D.		DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 2-9-69
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Prince Frederick, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-12-1969	23c. NAME OF CEMETERY OR CREMATORIAL W.W. Chambers Co. CEM. & LINCOLN CEM.	23d. LOCATION (City or Town) RIVERDALE, Maryland	(County) (State)
24. FUNERAL DIRECTOR W.W. CHAMBERS CO.		ADDRESS RIVERDALE, MD.	25d. RECD BY REGISTRAR FEB 13 1969	25b. REGISTRAR'S SIGNATURE James J. age	
VR A15 30M REV. 1/68					



1
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.
 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Mary	Middle Elizabeth	Last Makle	2a. DATE OF DEATH February 9, 1969	2b. HOUR 11 AM			
3. SEX Female		4. RACE Negro		5. DATE OF BIRTH 4-3-01		6. AGE (in years last birthday) 67	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. HOURS 0	MIN. 0
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Calvert County			
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Waldorf		12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) STATE Maryland		13b. COUNTY Charles		13c. CITY OR TOWN Waldorf		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Lillian Farmer, Waldorf, Maryland	
14. FATHER'S NAME First Alowishis		Middle Bowman		15. MOTHER'S MAIDEN NAME First Malinda Coats		Middle Wade			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 213-16-2880		17. INFORMANT Lillian Farmer, Waldorf, Maryland		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 180 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause carcinoma of the breast		DUE TO, OR AS A CONSEQUENCE OF (b) metastasis to lymph nodes		DUE TO, OR AS A CONSEQUENCE OF (c) lymph nodes		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. 115/69		City or Town St. Leonards		County Calvert	
22a. I certify that (I) (this hospital) attended the deceased from Feb 7, 1969 , to 2/8, 1969 , that (I) (we) last saw the deceased alive on Feb 7, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE Roberto de Villarreal, M.D.		22c. DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. DATE SIGNED 2-9-69					
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS St. Leonards, Maryland							
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 2-12-69		23c. NAME OF CEMETERY OR CREMATORIAL St. Mary's Church Cem.		23d. LOCATION (City or Town) Bryantown, Cal. Co. Md.		(County) (State)	
24. FUNERAL DIRECTOR Martell Adams Aquasco, Md.		ADDRESS		25a. REC'D BY REGISTRAR FFB 14 1060		25b. REGISTRAR'S SIGNATURE Roberto de Villarreal, M.D.			

1
FOR STATE
HEALTH DEPT.

1
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, page 5 may be retained for your files.

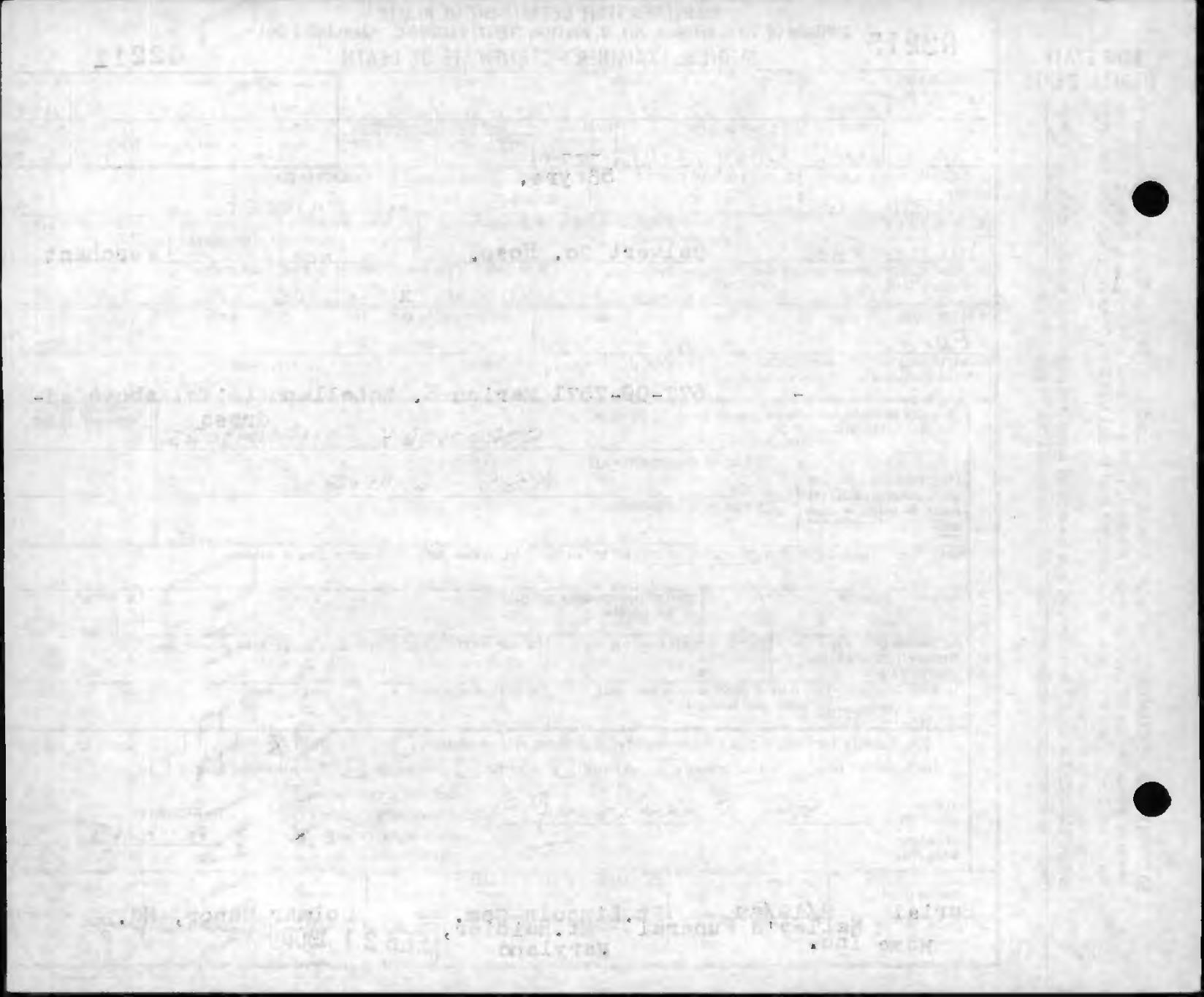
2
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1
02215
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02211

1. DECEASED-NAME (Type or Print)		First	Middle	Last	20. DATE KNOWN OF DEATH MATED	Month	Day	Year	20. HOUR
Fred.				0. McLe 11 pm d	<input type="checkbox"/>	2 16	1969	11 PM	
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
M.	W.	MAY 17 1912		54 yrs.	MONTHS	DAYS	HOURS	MIN	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		56	8. YRS MARRIED	NEVER MARRIED	<input type="checkbox"/>	9. COUNTY OF DEATH	2c. DATE PRONOUNCED DEAD
Wash D.C.		U.S.			WIDOWED	DIVORCED	<input type="checkbox"/>	Calvert	Month 2 Day 16 Year 1969 12 PM
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY	
Prince Fred.		Calvert Co. Hosp.			Retired			Merchant	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER		
Md.		Calvert		Lusby	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	186 Tahoe Trail		
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last
Fred.				0. McLellan	Margarete				Hunt
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS			
No		577-09-7371		Marion H. McLellan (Wife) above ad-		dress			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS									
4109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) due to, or as a consequence of a heart & massive. (c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION		19c. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 2/16/69	
EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		ADDRESS (Street, city, town, or county)					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL		23d. LOCATION (City or Town)		(County)	(State)
Burial		2/19/69		Mt. Lincoln Cem.		Colmar Manor, Md.			
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REC'D BY CLERK			
Nalley's Funeral Home Inc.		Mt. Rainier, Maryland		FEB 21 1969		Signature			



02216

CERTIFICATE OF DEATH

02212

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First <i>Almos Davidson</i>	Middle <i>Neeld</i>	Last <i></i>	20. DATE OF DEATH Month <i>Feb.</i> Day <i>2</i> Year <i>1969</i>	2b. HOUR <i>9:30pm</i>					
3. SEX <i>male</i>	4. RACE <i>white</i>	5. DATE OF BIRTH <i>Aug. 3, 1887</i>		6. AGE (in years last birthday) <i>81</i> YRS.	IF UNDER 1 YEAR MONTHS <i></i>	IF UNDER 24 HRS. DAYS <i></i>	2b. HOUR HOURS <i></i>	MIN <i></i>		
7a. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <i>Calvert</i>	Md.						
10. CITY OR TOWN OF DEATH <i>Plum Point Huntingtown</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i></i>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Retired</i>		12b. KIND OF BUSINESS OR INDUSTRY <i>Oil Engineer</i>						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Maryland</i>	13b. COUNTY <i>Calvert</i>	13c. CITY OR TOWN <i>Plum Point</i>	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER <i>- Neeld Estate</i>						
14. FATHER'S NAME First <i>Almos Davidson</i>	Middle <i>Neeld</i>	Last <i>Sr.</i>	15. MOTHER'S MAIDEN NAME First <i>Emma</i>	Middle <i></i>	Last <i>English</i>					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>	16b. SOCIAL SECURITY NO. <i>213-22-1865</i>	17. INFORMANT <i>Robert D. Neeld - Huntingtown Md.</i>	Address <i>Plum Point</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>4122</i>							Hypertensive cardiovascular disease			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause <i></i>							DUE TO, OR AS A CONSEQUENCE OF <i>Arteriosclerosis</i>			
DUE TO, OR AS A CONSEQUENCE OF <i></i>							(b)			
DUE TO, OR AS A CONSEQUENCE OF <i></i>							(c) Carcinoma of prostate			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. <i>19</i>	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that (I) (this hospital) attended the deceased from <i>July 1967</i> to <i>Feb. 2, 1969</i> , that (I) (we) last saw the deceased alive on <i>Jan. 3 1969</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.									22c. DATE SIGNED <i>2-3-69</i>	
22b. SIGNATURE <i>Page C. Jett</i>		DEGREE <i></i>	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>					
22d. PHYSICIAN'S NAME (Type) <i>Page C. Jett, M. D.</i>		22e. ADDRESS <i>Prince Frederick, Maryland 20678</i>								

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>	23b. DATE <i>Feb. 5, 1969</i>	23c. NAME OF CEMETERY OR CREMATORIY <i>Emmanuel Cemetery</i>	23d. LOCATION (City or Town) <i>Huntingtown</i>	(County) <i>Calvert, Md.</i>	(State) <i></i>
24. FUNERAL DIRECTOR <i>G. G. Harkness & Son, Port Republic, Md.</i>	ADDRESS <i></i>	25a. SIGNED BY REGISTRAR DATE <i></i>	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		

Please verify date
Line 'a' Item¹⁸ ?